PTO/SB/80 (01-06)
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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby appoint:  X Practitioners associated with the Customer Number:  OR  Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):  Name  Registration Number  Practitioner(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  X The address associated with Customer Number:  67706  OR  Firm or Individual Name	I hereby 37 CFR	revoke all previous powers of 3.73(b).	attomey given in t	the application ider	itified in th	e attached st	atement under	
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	x Pra	Practitioners associated with the Customer Number:						
Name Registration Number Name Registration Number Registration Number Nu	OR							
as attorney(s) or agent(s) to represent the underlanded before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the underlanded according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 GFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 GFR 3.73(b) to:  The address associated with Customer Number:  67706  OR  Firmor individual Name  Address  Dity  State  Zip  Country  State  Zip  Country  State  Zip  Country  State  Zip  Country  State  N. Organon  Kloosterstraat 6  NL-5349 AB  Oss, The Netherlands  Acopy of this form, together with a statement under 37 GFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be lied in each application in which this form is used. The statement under 37 GFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Date  I June 2007  Name  PM.G.F. van Wazanbeck  Title Authorized Spack. Organon  Title Authorized Spack. Organon  Telephone  O11.31 412 666380	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    X   The address associated with Customer Number:   67706	arry and an patent applications assigned only to the innerstance according to the HSDTA accomment records as assigned and assigned only to the innerstance and assigned on the inners							
X   The address associated with Customer Number:   67706			The second secon	identified in the attacl	hed stateme	ent under 37 C	FR 3,73(b) to:	
Signature   Sign		X The address associated with Customer Number:						
Eith or Individual Name  Address  City State Zip  Country Telephone Email  Assignee Name and Address:  N.V. Organon  Kloosterstraat 6  NL-5349 AB  Oss, The Netherlands  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be illed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of he practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature Signature Date 13 June 2007  Name P.M.G.F. van Wazenbeek Telephone 011.31 412 666380  Date 18 June 2007  Name A.J.H. Pegt Telephone 011.31 412 666380	OR			07700	]			
Address  City  Country  Telephone  State  Telephone  Email  Assignee Name and Address:  N.V. Organon  Kloosterstraat 6  NL-5349 AB  Oss, The Netherlands  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be alied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 13 June 2007  Name P.M.G.F. van Wazenbeck  Telephone 011.31 412 666380  Date 18 June 2007  Name AJ.H. Pegt  Telephone 011.31 412 666380	Firm or							
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Name  A.J.H. Pegt	Oss, The Netherlands							
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The individual whose signature and title is supplied below is authorized to act on behalf of the assignee    Date   3 June 2007	and must identify the application in which this Power of Attorney is to be filed.							
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Name A.J.H. Pegt Date 18 June 2007  Telephone 011.31 412 666380	<b></b>	1						
Name A.J.H. Pegt Date 18 June 2007  Telephone 011.31 412 666380		P.M.G.F. van Wezenbeek			Telephone 011.31 412 666380			
Name A.J.H. Pegt Telephone 011.31 412 666380	11110	Authorized Signer.	rganon		***************************************			
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1 100phone 011.31412 000300 1	Name	A.J.H. Peat		Telephone		011 21 410	666390	
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PTO/SB/96 (09-06)
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STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent Owner: Antonius Helena Adolf Bom et al.							
Application No./Patent No.: 10/049,393 Filed/Issue Date: August 28, 2002							
USE OF CHEMICAL CHELATORS AS REVERSAL AGENTS FOR DRUG-INDUCED Entitled: NEUROMUSCULAR BLOCK							
N.V. Organon , a <u>corporation</u> (Name of Assignee) , a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)							
states that it is:							
1. X the assignee of the entire right, title, and interest; or							
2. an assignee of less than the entire right, title and interest.							
(The extent (by percentage) of its ownership interest is %)							
in the patent application/patent identified above by virtue of either:							
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel							
Frame, or a true copy of the original assignment is attached.							
B. X A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:							
Bom, Antonius Helena Adolf Muir, Alan William 1. From: Rees, David To: Akzo Nobel N.V.							
The document was recorded in the United States Patent and Trademark Office at							
Reel 012830 , Frame 0506 , or for which a copy thereof is attached.							
2. From: Akzo Nobel N.V. To: N.V. Organon							
The document was recorded in the United States Patent and Trademark Office at							
Reel 018816 , Frame 0737 , or for which a copy thereof is attached.							
3. From: To:							
The document was recorded in the United States Patent and Trademark Office at							
Reel, Frame, or for which a copy thereof is attached.							
Additional documents in the chain of title are listed on a supplemental sheet.							
As required by 37 CFR 3.73(b)(1)(l), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.  [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to							
Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO.							
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.							
June 13, 2007							
Signature V Date							
F. Aaron Dubberley 973.325.4542							
Printed or Typed Name Telephone Number							
Authorized Signer for Assignee Title							